Case: 10-50033 Document: 1 Filed: 02/05/10 Page 1 of 36

| United States Bankruptcy Court District of South Dakota  |   |  |   |  | ntary Petition |  |
|--|---|--|---|--|----------------|--|
| Name of Debtor (if individual, enter Last, First, Mic<br>Lehl, Jolynne Marie   | ldle):  | Name of Joint De   | ebtor (Spouse) (Last, First,  | Middle):   |                |  |
| All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):  |   | used by the Joint Debtor i<br>maiden, and trade names)   |   | years  |                |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): 9918   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):   |   |  |                |  |
| Street Address of Debtor (No. & Street, City, State of 3004 Fischer Ct Rapid City, SD  | & Zip Code):  | Street Address of  | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  |  |                |  |
| Kapiu City, 3D   | ZIPCODE <b>57703-5507</b>   |  |   | Z  | IPCODE         |  |
| County of Residence or of the Principal Place of Bu Pennington   | siness:   | County of Reside   | nce or of the Principal Pla   | ce of Busine   | ess:           |  |
| Mailing Address of Debtor (if different from street a  | nddress)  | Mailing Address  | of Joint Debtor (if differer  | nt from stree  | t address):    |  |
|  | ZIPCODE   | 7  |   | Z  | IPCODE         |  |
| Location of Principal Assets of Business Debtor (if  | different from street address a   | bove):   |   |  |                |  |
|  |   |  |   | Z  | IPCODE         |  |
| Type of Debtor (Form of Organization) (Check one box.)  ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  ✓ Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applicable to attach signed application for the court's consideration is unable to pay fee except in installments. Rule 1 3A. ☐ Filing Fee waiver requested (Applicable to chapter attach signed application for the court's consideration for the court's | to individuals only). Must ation certifying that the debtor .006(b). See Official Form er 7 individuals only). Must | pt Entity applicable.) at a sdefined in 11  pt Entity applicable.) at organization under States Code (the e).  Check one box: Debtor is a sm Debtor is not a Check if: Debtor's aggre affiliates are le affiliates are le Check all applica A plan is being Acceptances of | the Petition  Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13  Debts are primaril debts, defined in 1 § 101(8) as "incur individual primaril personal, family, o hold purpose."  Chapter 11 I all business debtor as definismall business debtor as degree as designated and successive the second | Chapter 9 Chapter 11 Main Proceeding Chapter 12 Chapter 13 Recognition of a Nonmain Proceed  Nature of Debts (Check one box.) Debts are primarily consumer Debt debts, defined in 11 U.S.C. busin sindividual primarily for a personal, family, or household purpose."  Chapter 11 Debtors  Business debtor as defined in 11 U.S.C. \$ 1010 and purpose debts are defined in 11 U.S.C. \$ 1010 and purpose."  Chapter 11 Debtors |                |  |
| Statistical/Administrative Information  Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors.  | litors.   |  |   | THIS SPACE IS FOR<br>COURT USE ONLY  |                |  |
| Estimated Number of Creditors  1-49 50-99 100-199 200-999 1,0 5,0  |   | 0,001- 25,00<br>5,000 50,00  |   | Over 100,000   |                |  |
| Stimated Assets  |   | 50,000,001 to \$100,   | 000,001 \$500,000,001<br>00 million to \$1 billion  | More than \$1 billion  |                |  |
| Estimated Liabilities  | 000,001 to \$10,000,001 \$ 0 million to \$50 million \$   | 50,000,001 to \$100,   | 000,001 \$500,000,001<br>00 million to \$1 billion  | More than \$1 billion  |                |  |

B1 (Official Form 1) (1/08) Page 2 Name of Debtor(s): **Voluntary Petition** Lehl, Jolynne Marie (This page must be completed and filed in every case) Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) Date Filed: Case Number: Location Where Filed: None Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: None District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms (To be completed if debtor is an individual 10K and 10Q) with the Securities and Exchange Commission pursuant to whose debts are primarily consumer debts.) Section 13 or 15(d) of the Securities Exchange Act of 1934 and is I, the attorney for the petitioner named in the foregoing petition, declare requesting relief under chapter 11.) that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have Exhibit A is attached and made a part of this petition. explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Rose Cotton 2/05/10 Signature of Attorney for Debtor(s) Date Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health Yes, and Exhibit C is attached and made a part of this petition. **V** No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord or lessor that obtained judgment) (Address of landlord or lessor) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

| Voluntary | Petition |
|-----------|----------|
|-----------|----------|

(This page must be completed and filed in every case)

Name of Debtor(s): **Lehl, Jolynne Marie** 

#### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature of Debtor                               | Jolynne Lehl |
|---|--------------|
|   |              |
| Signature of Joint Debtor                         |              |
| Telephone Number (If not represented by attorney) |              |

#### Signature of Attorney\*

X /s/ Rose Cotton

Signature of Attorney for Debtor(s)

Rose Cotton Cotton Law Office 1719 W. Main St. Rapid City, SD 57702

#### February 5, 2010

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature   | of Authorized | l Individual |      |  |  |
|-------------|---------------|--------------|------|--|--|
| Printed Na  | me of Autho   | rized Indivi | dual |  |  |
| Title of Au | thorized Ind  | ividual      |      |  |  |
|             |               |              |      |  |  |

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| G:        | - C.D       | 2          |          |  |  |
|-----------|-------------|------------|----------|--|--|
| Signature | of Foreign  | kepresenta | nve      |  |  |
|           |             |            |          |  |  |
| Printed N | ame of Fore | ign Repres | entative |  |  |
| Printed N | ame of Fore | ign Repres | entative |  |  |
|           |             |            |          |  |  |

#### **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address |  |  |
|---------|--|--|
|         |  |  |
|         |  |  |

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B1D (Official Form 1, Exhibit D) (12/09)

### **United States Bankruptcy Court District of South Dakota**

| IN RE:              |           | Case No   |
|---------------------|-----------|-----------|
| Lehl, Jolynne Marie |           | Chapter 7 |
| · · · · · ·         | Debtor(s) | •         |
|                     |           |           |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE CREDIT COUNSELING REQUIREMENT

Warning. You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot

| do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.  |
|---|
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.   |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.  |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the sever days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]   |
|   |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |
| <ul> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);</li> <li>Active military duty in a military combat zone.</li> </ul>  |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor: | /s/ Jolynne Lehl |
|----------------------|------------------|
|                      | •                |

Date: February 5, 2010

## United States Bankruptcy Court District of South Dakota

| IN RE:              |           | Case No.  |
|---------------------|-----------|-----------|
| Lehl, Jolynne Marie |           | Chapter 7 |
|                     | Debtor(s) | •         |

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 140,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 8,964.00   |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |               | \$ 127,919.00 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |               | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 4                   |               | \$ 20,991.00  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors  | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                   |               |               | \$ 2,525.63 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 2                   |               |               | \$ 3,420.00 |
|  | TOTAL                | 16                  | \$ 148,964.00 | \$ 148,910.00 |             |

Form 6 - Statistical Summary (12) 10-50033 Document: 1 Filed: 02/05/10 Page 6 of 36

### United States Bankruptcy Court District of South Dakota

| IN RE:              | Case No   |
|---------------------|-----------|
| Lehl, Jolynne Marie | Chapter 7 |
| Debtor(s)           | •         |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00     |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00     |
| Student Loan Obligations (from Schedule F)  | \$<br>3,379.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00     |
| TOTAL   | \$<br>3,379.00 |

#### **State the following:**

| Average Income (from Schedule I, Line 16)   | \$<br>2,525.63 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>3,420.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>3,216.54 |

#### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |            | \$<br>1,102.00  |
|--|------------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |            | \$<br>0.00      |
| 4. Total from Schedule F   |            | \$<br>20,991.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |            | \$<br>22,093.00 |

| B6A (Official Form 6A) (12/0) ase: 10-50033 Do | cument: 1 Filed: ( | )2/05/10 Page 7 of 36 |
|--|--------------------|-----------------------|
|--|--------------------|-----------------------|

Debtor(s)

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| IN RE Lehl, Jolynne Marie | Case No. |
|---------------------------|----------|

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
|                                      |  |                                       | 440.000.00   | 400 007 00                 |
| Residence                            |  | J                                     | 140,000.00   | 122,307.00                 |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
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|                                      |  |                                       |  |                            |

TOTAL

140,000.00

(Report also on Summary of Schedules)

(If known)

| DAD (Afficial Form AD) (12/M) ASS. TO SOUDS DOCUMENT. I THOU, UZ/US/TO TAYE OUT SO | R6B (Official Form 6B) (12/0) Case: 10-50033 | Document: 1 | Filed: 02/05/10 | Page 8 of 36 |
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|--|--|-------------|-----------------|--------------|

| Case | N | o. |
|------|---|----|
|      |   |    |

Debtor(s)

(If known)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION   |
|---|------------------|---|---------------------------------------|--|
| Cash on hand.     Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.     Security deposits with public utilities, telephone companies, landlords, and | x                | Checking account - Great Western Bank Checking account - Telco Federal Credit Union Savings account - Telco Federal Credit Union  |                                       | 967.00<br>5.00<br>25.00  |
| others.  4. Household goods and furnishings, include audio, video, and computer equipment.  5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   | x                | 2 beds 2 Couches 2 older TV's Chest freezer Coffeepot, toaster Compact refrigerator Computer Computer stand Dresser End table End table Lamps Linens, towels, bedding Loveseat Microwave Pots, pans, dishes, utensils Refrigerator Snowblower Stove Underdresser Washer & dryer |                                       | 100.00<br>45.00<br>50.00<br>10.00<br>20.00<br>50.00<br>10.00<br>10.00<br>25.00<br>20.00<br>30.00<br>15.00<br>40.00<br>75.00<br>100.00<br>75.00<br>400.00 |

B6B (Official Form 6B) (12/07) - Cont.: 10-50033 Document: 1 Filed: 02/05/10 Page 9 of 36

IN RE Lehl, Jolynne Marie

\_\_\_\_\_ Case No. \_\_\_\_

Debtor(s)

(If known)

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 6.  | Wearing apparel.  |                  | Clothing                             |                                       | 300.00   |
| 7.  | Furs and jewelry.   | X                |                                      |                                       |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   |                  | Stationary bike<br>Tent              |                                       | 10.00<br>40.00   |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  |                  | Gerber Life Insurance cash value     |                                       | 317.00   |
| 10. | Annuities. Itemize and name each issue.   | Х                |                                      |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | Lowe's 401k Plan                     |                                       | 1,105.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses.  Itemize.  | X                |                                      |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | Х                |                                      |                                       |  |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |                                      |                                       |  |
| 16. | Accounts receivable.  | X                |                                      |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                      |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  |                  | Accrued wages, 2010 tax refund       |                                       | unknown  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |                                       |  |

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| Case   |          |
| Case   | 111      |

Debtor(s)

(If known)

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY      | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
|     | Licenses, franchises, and other general intangibles. Give particulars.  Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x                |   |                                       |  |
|     | Automobiles, trucks, trailers, and other vehicles and accessories.  Boats, motors, and accessories.   | х                | 1993 Ford Escort<br>2004 Pontiac Grand Am |                                       | 405.00<br>4,510.00   |
| 27. | Aircraft and accessories.   | X                |   |                                       |  |
|     | Office equipment, furnishings, and supplies.  | X                |   |                                       |  |
|     | Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                       |  |
| 1   | Inventory. Animals.   | X                |   |                                       |  |
| 1   | Crops - growing or harvested. Give particulars.   | X                |   |                                       |  |
| 33. | Farming equipment and implements.   | Х                |   |                                       |  |
| 1   | Farm supplies, chemicals, and feed.   | X                |   |                                       |  |
| 1   | Other personal property of any kind not already listed. Itemize.  | X                |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  |   |                                       |  |
|     |   |                  | TO  | ΓAL                                   | 8,964.00   |

IN RE Lehl, Jolynne Marie

Case No. \_\_\_

Debtor(s)

(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY                       | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--------------------------------------|-------------------------------|--|
| SCHEDULE A - REAL PROPERTY                    |                                      |                               |  |
| Residence                                     | SDCL §§ 43-45-3                      | 8,846.50                      | 140,000.00   |
| SCHEDULE B - PERSONAL PROPERTY                |                                      |                               |  |
| Checking account - Great Western Bank         | SDCL § 43-45-4                       | 967.00                        | 967.00   |
| Checking account - Telco Federal Credit Union | SDCL § 43-45-4                       | 5.00                          | 5.00   |
| Savings account - Telco Federal Credit Union  | SDCL § 43-45-4                       | 25.00                         | 25.00  |
| 2 beds  | SDCL § 43-45-4                       | 100.00                        | 100.00   |
| 2 Couches                                     | SDCL § 43-45-4                       | 45.00                         | 45.00  |
| 2 older TV's                                  | SDCL § 43-45-4                       | 45.00                         | 45.00  |
| Chest freezer                                 | SDCL § 43-45-4                       | 50.00                         | 50.00  |
| Coffeepot, toaster                            | SDCL § 43-45-4                       | 10.00                         | 10.00  |
| Compact refrigerator                          | SDCL § 43-45-4                       | 20.00                         | 20.00  |
| Computer                                      | SDCL § 43-45-4                       | 50.00                         | 50.00  |
| Computer stand                                | SDCL § 43-45-4                       | 10.00                         | 10.00  |
| Dresser                                       | SDCL § 43-45-4                       | 10.00                         | 10.00  |
| End table                                     | SDCL § 43-45-4                       | 10.00                         | 10.00  |
| End table                                     | SDCL § 43-45-4                       | 25.00                         | 25.00  |
| Lamps   | SDCL § 43-45-4                       | 20.00                         | 20.00  |
| Linens, towels, bedding                       | SDCL § 43-45-4                       | 30.00                         | 30.00  |
| Loveseat                                      | SDCL § 43-45-4                       | 15.00                         | 15.00  |
| Microwave                                     | SDCL § 43-45-4                       | 40.00                         | 40.00  |
| Pots, pans, dishes, utensils                  | SDCL § 43-45-4                       | 75.00                         | 75.00  |
| Refrigerator                                  | SDCL § 43-45-4                       | 100.00                        | 100.00   |
| Snowblower                                    | SDCL § 43-45-4                       | 75.00                         | 75.00  |
| Stove   | SDCL § 43-45-4                       | 100.00                        | 100.00   |
| Underdresser                                  | SDCL § 43-45-4                       | 50.00                         | 50.00  |
| Washer & dryer                                | SDCL § 43-45-4                       | 400.00                        | 400.00   |
| Clothing                                      | SDCL § 43-45-2(5), (4), and (3)      | 300.00                        | 300.00   |
| Stationary bike                               | SDCL § 43-45-4                       | 10.00                         | 10.00  |
| Tent  | SDCL § 43-45-4                       | 40.00                         | 40.00  |
| Gerber Life Insurance cash value              | SDCL § 43-45-6                       | 317.00                        | 317.00   |
| Lowe's 401k Plan                              | SDCL § 43-45-16                      | 1,105.00                      | 1,105.00   |
| Accrued wages, 2010 tax refund                | SDCL § 43-45-4                       | 1,500.00                      | unknown  |
| 1993 Ford Escort                              | SDCL § 43-45-4                       | 405.00                        | 405.00   |
|   |                                      |                               |  |

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| ROD (Unicial Form OD) (1//07)                |             |                 |               |

| IN | $\mathbf{RE}$ | Lehl. | Jolynne | • Marie |
|----|---------------|-------|---------|---------|

| Case No. |
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|          |

Debtor(s)

(If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| ACCOUNT NO.   First Interstate Bank   PO Box 9   Sturgis, SD 57785-0009   VALUE \$ 4,510.00   VALUE \$ 140,000.00  |  |          |                                       |  |            | _            |          |  |                              |
|--|--|----------|---------------------------------------|--|------------|--------------|----------|--|------------------------------|
| First Interstate Bank  | INCLUDING ZIP CODE AND ACCOUNT NUMBER. | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF | UNSECURED<br>PORTION, IF ANY |
| PO Box 9 Sturgis, SD 57785-0009  VALUE \$ 4,510.00  ACCOUNT NO. 8811  Home Federal Bank PO Box 5000 Sioux Falls, SD 57117-5000  VALUE \$ 140,000.00  ACCOUNT NO.  ACCOUNT NO.  O continuation sheets attached  VALUE \$  VALUE | ACCOUNT NO.                            |          |                                       | 2004 Pontiac Grand Am  |            |              |          | 5,612.00                               | 1,102.00                     |
| ACCOUNT NO. 8811   X   Mortgage   122,307.00   | PO Box 9                               |          |                                       |  |            |              |          |  |                              |
| Home Federal Bank  |  |          |                                       | VALUE \$ 4,510.00  |            |              |          |  |                              |
| PO Box 5000   VALUE \$ 140,000.00   VALUE \$ 140,000.  | ACCOUNT NO. 8811                       | Х        |                                       | Mortgage   |            |              |          | 122,307.00                             |                              |
| ACCOUNT NO.  VALUE \$  VALUE \$  VALUE \$  UVALUE \$  Subtotal (Total of this page)  Total (Use only on last page)  \$ 127,919.00 \$ 1,102.00  | PO Box 5000                            |          |                                       |  |            |              |          |  |                              |
| VALUE \$  ACCOUNT NO.  VALUE \$  VALUE \$  VALUE \$  127,919.00 \$ 1,102.00    Total (Use only on last page)  127,919.00 \$ 1,102.00    127,919.00 \$ 1,102.00    Total (Use only on last page)  |  |          |                                       | VALUE \$ 140,000.00  |            |              |          |  |                              |
| ACCOUNT NO.    VALUE \$   VALUE \$   Subtotal (Total of this page)   \$ 127,919.00 \$ 1,102.00   | ACCOUNT NO.                            |          |                                       |  |            |              |          |  |                              |
| VALUE \$  Subtotal (Total of this page)  Total (Use only on last page)  \$ 127,919.00 \$ 1,102.00 \$ 1,                          |  |          |                                       | VALUE \$   |            | L            |          |  |                              |
|  | ACCOUNT NO.                            |          |                                       | VALUE \$   |            |              |          |  |                              |
| Total (Use only on last page) \$ 127,919.00 \$ 1,102.00  | O continuation sheets attached         |          |                                       |  |            |              |          | \$ 127,919,00                          | \$ 1.102.00                  |
| (Report also on (If applicable, report   | Conditional Sheets attached            |          |                                       |  | ,          | Tot          | al       | \$ 127,919.00                          |                              |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

| D  | ebtor(s)    |                 |               | (If known) |
|--|-------------|-----------------|---------------|------------|
| IN RE Lehl, Jolynne Marie                    |             |                 | Case No.      |            |
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#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Stat         | istical Summary of Certain Liabilities and Related Data.  |  |  |  |  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|--|--|--|--|
| liste        | deport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority don this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |  |  |  |  |  |  |  |  |  |
| $\checkmark$ | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |  |  |  |  |  |  |  |  |  |
| TY           | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |  |  |  |  |  |  |  |  |  |
|              | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |  |  |  |  |  |  |  |  |  |
|              | Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |  |  |  |  |  |  |  |  |  |
|              | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |  |  |  |  |  |  |  |  |  |
|              | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |  |  |  |  |  |  |  |  |  |
|              | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |  |  |  |  |  |  |  |  |  |
|              | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |  |  |  |  |  |  |  |  |  |
|              | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |  |  |  |  |  |  |  |  |  |
|              | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |  |  |  |  |  |  |  |  |  |
|              | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |  |  |  |  |  |  |  |  |  |
|              | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |  |  |  |  |  |  |  |  |  |
|              | o continuation sheets attached  |  |  |  |  |  |  |  |  |  |

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Debtor(s)

Case No.

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

|  | _        |                                       |   |                |              | _         |                       |
|--|----------|---------------------------------------|---|----------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  | Г        |                                       | Payday loan   |                |              | T         |                       |
| Ace Loan Company<br>I315 Haines Ave Ste B<br>Rapid City, SD 57701-2453                                   |          |                                       |   |                |              |           | 526.00                |
| ACCOUNT NO. <b>9581</b>  | H        |                                       | Credit card purchases   | $  \uparrow  $ | 7            | $\dagger$ | 020.00                |
| Capital One Bank<br>Bankruptcy Dept.<br>PO Box 5155<br>Norcross, GA 30091-5155                           |          |                                       |   |                |              |           | 1,609.00              |
| ACCOUNT NO. 6109   |          |                                       | Credit card purchases   | $\sqcap$       |              | $\top$    | ,                     |
| Capital One Bank<br>Bankruptcy Dept.<br>PO Box 5155<br>Norcross, GA 30091-5155                           |          |                                       |   |                |              |           | 1,418.00              |
| ACCOUNT NO. 3512   | Г        |                                       | Credit card purchases   | Π              | T            | T         |                       |
| Citifinancial<br>1500 New Linden Hill Rd<br>Wilmington, DE 19808-2922                                    |          |                                       |   |                |              |           | 2,736.00              |
| 3 continuation sheets attached   |          |                                       |   | Subt           |              |           | s 6,289.00            |
| continuation sheets attached   |          |                                       | (Total of thi   |                | age<br>Tota  |           | 5 0,203.00            |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the Sta<br>Summary of Certain Liabilities and Related | atist          | tica         | ıl        | \$                    |

Debtor(s)

\_\_ Case No. \_\_\_\_\_(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | ((                                    | Continuation Sheet)  |                   |              |          |                       |
|---|----------|---------------------------------------|--|-------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)                        | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT        | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 9918  |          |                                       | Student loans  | $\dagger \dagger$ |              | H        |                       |
| Direct Loan Servicing Center<br>PO Box 5609<br>Greenville, TX 75403-5609  |          |                                       |  |                   |              |          | 3,379.00              |
| ACCOUNT NO.   |          |                                       | Payday loan  | $\forall$         |              | Н        | - 0,010100            |
| Dollar Loan Center<br>1805 Cambell St<br>Rapid City, SD 57701-3948  |          |                                       |  |                   |              |          | 785.00                |
| ACCOUNT NO. <b>8121</b>   |          |                                       | Collections for North Star Capital   | $\forall$         |              |          |                       |
| First National Collection Bureau<br>610 Waltham Way<br>McCarran, NV 89434-6695  |          |                                       | Acquisition/Capital One  |                   |              |          | 0.00                  |
| ACCOUNT NO. 9081  |          |                                       | Collections for North Star Capital   | $\forall$         |              |          | 0.00                  |
| Firstsource Advantage LLC<br>PO Box 628<br>Buffalo, NY 14240-0628   |          |                                       | Acquisition/Capital One  |                   |              |          |                       |
|   |          |                                       | Out different assessment   | igdash            |              | Н        | 0.00                  |
| ACCOUNT NO. 0139 HSBC Card Services PO Box 81622 Salinas, CA 93912-1622   |          |                                       | Credit card purchases  |                   |              |          | 005.00                |
| ACCOUNT NO. <b>0532</b>   |          |                                       | Credit card purchases  | $\dashv$          |              | $\vdash$ | 995.00                |
| HSBC Card Services PO Box 81622 Salinas, CA 93912-1622  |          |                                       | orean cara paremases   |                   |              |          | 1,233.00              |
| ACCOUNT NO. 1313  |          |                                       | Collections for LVNV Funding/Lowe's  | $\forall$         |              | H        | .,_30.00              |
| J.C. Christensen & Associates Inc.<br>PO Box 519<br>Sauk Rapids, MN 56379-0519  |          |                                       |  |                   |              |          |                       |
|   |          |                                       |  |                   |              | Ц        | 0.00                  |
| Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of t  | -                 |              | 9)       | \$ 6,392.00           |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis    | o o          | n<br>al  | \$                    |

Debtor(s)

(If known)

\_\_\_\_ Case No. \_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | ((                                    | Continuation Sheet)  |            |              |              |                       |
|---|----------|---------------------------------------|--|------------|--------------|--------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)          | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED | DISPUTED     | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>8279</b>   |          |                                       | Collections for Welch Capital  | Н          |              | $^{\dagger}$ |                       |
| Lake Region Collections 411 4th St NE Ste 2 Devils Lake, ND 58301-2543                                      |          |                                       |  |            |              |              | 0.00                  |
| ACCOUNT NO. <b>2002</b>   |          |                                       | Credit card purchases  | Н          |              | $\dashv$     |                       |
| Lowe's Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076-9104  |          |                                       |  |            |              |              | 1,723.00              |
| ACCOUNT NO.   |          |                                       | Collections for Lowe's   |            |              | $^{\dagger}$ |                       |
| LVNV Funding LLC<br>PO Box 10497<br>Greenville, SC 29603-0497   |          |                                       |  |            |              |              | 0.00                  |
| ACCOUNT NO.   |          |                                       | Payday loan  |            |              | $\dashv$     | 0.00                  |
| Master Finance<br>1000 Cambell St Ste 3<br>Rapid City, SD 57701-3000  |          |                                       |  |            |              |              |                       |
| ACCOUNT NO. 2848  | -        |                                       | Collections for West Bay Acquisitions  | Н          |              | +            | 1,387.00              |
| National Recovery Agency<br>2491 Paxton St<br>Harrisburg, PA 17111-1036                                     |          |                                       | Conections for West Bay Acquisitions   |            |              |              | 101.00                |
| ACCOUNT NO.   | +        |                                       | Collections for Capital One  | H          |              | +            | 101.00                |
| North Star Capital Acquisition LLC<br>170 N Pointe Pkwy Ste 300<br>Buffalo, NY 14228-1884                   |          |                                       | January Company Compan |            |              |              | 0.00                  |
| ACCOUNT NO. <b>0177</b>   |          |                                       | Collections for CitiFinancial  | H          | H            | +            | - 0.00                |
| Portfolio Recovery Associates<br>PO Box 12903<br>Norfolk, VA 23541-0903                                     |          |                                       |  |            |              |              |                       |
|   |          |                                       |  |            |              | $\perp$      | 0.00                  |
| Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th   | -          |              | ) [          | 3,211.00              |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate  | als        | o o<br>tica  | n<br>ıl      | \$                    |

Debtor(s)

IN RE Lehl, Jolynne Marie

\_\_ Case No. \_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |  | (1                                    | Continuation Sneet)   |                |              |          |                       |
|---|--|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   |  |                                       | Cash express loan   | T              |              | H        |                       |
| Rapid City Telco FCU<br>811 E St Andrew St<br>Rapid City, SD 57701-3928                                     |  |                                       | •   |                |              |          | 2,433.00              |
| ACCOUNT NO. 1313  |  |                                       | Collections for LVNV Funding/Lowes  | T              |              | П        |                       |
| Richard J. Boudreau & Associates LLC<br>5 Industrial Way<br>Salem, NH 03079-4866                            |  |                                       |   |                |              |          | 0.00                  |
| ACCOUNT NO.   | <del>                                     </del> |                                       | Attorney for SD Housing Authority   | $\vdash$       |              | H        | 0.00                  |
| Robert E. Hayes PO Box 1030 Sioux Falls, SD 57101-1030  |  |                                       |   |                |              |          | 0.00                  |
| ACCOUNT NO.   |  |                                       | Mortgage  | t              |              |          |                       |
| South Dakota Housing Development Auth<br>PO Box 1237<br>Pierre, SD 57501-1237                               |  |                                       |   |                |              |          |                       |
| ACCOUNT NO. <b>7980</b>   |  |                                       | Collections for Welch Capital LLC/HSBC  | $\vdash$       |              | $\vdash$ | 0.00                  |
| SWS Credit Services Inc.<br>15 Broadway N Ste 601<br>Fargo, ND 58102-4908                                   |  |                                       | Concessions for Weight Capital ELO/HODG   |                |              |          | 2 220 00              |
| ACCOUNT NO. 0865  |  |                                       | Judgment  | $\vdash$       |              |          | 2,229.00              |
| US Bank Fka First Bank Of South Dakota 645 Mt View Rd Rapid City, SD 57702-2518                             |  |                                       |   |                |              |          |                       |
|   |  |                                       |   | _              |              | $\sqcup$ | 437.00                |
| ACCOUNT NO.   |  |                                       |   |                |              |          |                       |
| Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |  |                                       | (Total of th  | Sub<br>nis p   |              |          | \$ 5,099.00           |
|   |  |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tic          | n<br>al  | \$ 20,991.00          |

| D  | ebtor(s)    |                 |               | (If known) |
|--|-------------|-----------------|---------------|------------|
| IN RE Lehl, Jolynne Marie                    |             |                 | Case No       |            |
| B6G (Official Form 6G) (12/67) ase: 10-50033 | Document: 1 | Filed: 02/05/10 | Page 18 of 36 |            |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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| B6H (Official Form 6H) (12/07) ase: 10-50033 | Document: 1 | Filed: 02/05/10 | Page 19 of 36 |            |
|--|-------------|-----------------|---------------|------------|
| IN RE Lehl, Jolynne Marie                    |             |                 | Case No       |            |
|  | Debtor(s)   |                 |               | (If known) |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors. NAME AND ADDRESS OF CODEBTOR NAME AND ADDRESS OF CREDITOR **Daryl Moeller** Home Federal Bank 3004 Fischer Ct PO Box 5000 Rapid City, SD 57703-5507 Sioux Falls, SD 57117-5000

| B6I (Official Form 6I) (12/07 Case: 10-50033 Document: 1 | Filed: 02/05/10 | Page 20 of 36 |
|--|-----------------|---------------|
|--|-----------------|---------------|

| Bol (Official Form 61) (12/07) | <br> |         | Ī |
|--------------------------------|------|---------|---|
| IN RE Lehl, Jolynne Marie      |      | Case No |   |

Debtor(s)

(If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status               |                  | DEPENDENTS (                                     | OF DEBTOR ANI     | SPOU      | SE                   |                   |                |
|---------------------------------------|------------------|--|-------------------|-----------|----------------------|-------------------|----------------|
| Sig Other                             |                  | RELATIONSHIP(S): Daughter                        |                   |           |                      | AGE(S): <b>18</b> |                |
| EMPLOYMENT:                           |                  | DEBTOR   |                   |           | SPOUSE               |                   |                |
| Occupation                            | Clerk            | 22233  |                   |           |                      |                   |                |
| Name of Employer                      | Lowe's           | Pi   | zza Hut           |           |                      |                   |                |
| How long employed                     | 7 years and 4    | months   |                   |           |                      |                   |                |
| Address of Employer                   | 2550 Haines      | Ave  |                   |           |                      |                   |                |
|                                       | Rapid City, S    | D 57701-7864                                     |                   |           |                      |                   |                |
| INCOME: (Estima                       | ate of average o | r projected monthly income at time case filed)   | )                 |           | DEBTOR               |                   | SPOUSE         |
|                                       | _                | lary, and commissions (prorate if not paid mo    |                   | \$        | 1,963.22             | \$                | 1,564.74       |
| 2. Estimated month                    |                  | ,          | 3,                | \$        | ,                    | \$                | ,              |
| 3. SUBTOTAL                           |                  |  |                   | \$        | 1,963.22             | \$                | 1,564.74       |
| 4. LESS PAYROL                        | L DEDUCTION      | NS   |                   |           | •                    | ·                 |                |
| a. Payroll taxes a                    |                  |  |                   | \$        | 240.55               | \$                | 206.34         |
| b. Insurance                          |                  |  |                   | \$        | 450.36               | \$                |                |
| c. Union dues                         |                  |  |                   | \$        |                      | \$                |                |
| d. Other (specify)                    | Tips             |  |                   | \$        |                      | \$                | 105.08         |
| 5 CUDTOTAL O                          |                  | DEDLICETONS                                      |                   | <u>\$</u> |                      | \$                | 244.40         |
| 5. SUBTOTAL OI                        |                  |  |                   | <u>\$</u> | 690.91               |                   | 311.42         |
| 6. TOTAL NET M                        | IONTHLY TA       | KE HOME PAY                                      |                   | \$        | 1,272.31             | \$                | 1,253.32       |
|                                       |                  | of business or profession or farm (attach detai  | led statement)    | \$        |                      | \$                |                |
| 8. Income from rea                    |                  |  |                   | \$        |                      | \$                |                |
| 9. Interest and divid                 |                  |  |                   | \$        |                      | \$                |                |
| 10. Alimony, maint that of dependents |                  | ort payments payable to the debtor for the deb   | tor's use or      | ¢         |                      | ¢                 |                |
| 11. Social Security                   |                  | ment assistance                                  |                   | <b>a</b>  |                      | <b>a</b>          |                |
|                                       |                  | ment assistance                                  |                   | \$        |                      | \$                |                |
| (Speen))                              |                  |  |                   | \$        |                      | \$                |                |
| 12. Pension or retir                  | ement income     |  |                   | \$        |                      | \$                |                |
| 13. Other monthly i                   |                  |  |                   |           |                      |                   |                |
| (Specify)                             |                  |  |                   | \$        |                      | \$                |                |
|                                       |                  |  |                   | \$        |                      | \$                |                |
|                                       |                  |  |                   | <b>a</b>  |                      | <b>a</b>          |                |
| 14. SUBTOTAL C                        | F LINES 7 TH     | IROUGH 13  |                   | \$        |                      | \$                |                |
| 15. AVERAGE M                         | ONTHLY INC       | <b>COME</b> (Add amounts shown on lines 6 and 14 | <b>l</b> )        | \$        | 1,272.31             | \$                | 1,253.32       |
| 16 COMRINED A                         | AVERAGE MO       | ONTHLY INCOME: (Combine column total             | s from line 15.   |           |                      |                   |                |
|                                       |                  | otal reported on line 15)                        | 5 HOIII IIIIC 13, |           | \$                   | 2,525.63          | 3              |
| and any one                           |                  | ··· · · · · · · · · · · · · · · · · ·            |                   | (Pamont d | loo on Cummon of Col | adulas and if     | - nnliashla an |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

B6J (Official Form 6J) (12/0) Case: 10-50033 Document: 1 Filed: 02/05/10 Page 21 of 36

| Dog (Cincian Corn cor) (12/07) | _        |
|--------------------------------|----------|
| IN RE Lehl, Jolynne Marie      | Case No. |

Debtor(s) (If known)

#### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| experientaries faocieu spouse.  |                  |
|---|------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ 949.00        |
| a. Are real estate taxes included? Yes ✓ No   |                  |
| b. Is property insurance included? Yes No   |                  |
| 2. Utilities:   |                  |
| a. Electricity and heating fuel   | \$ <b>150.00</b> |
| b. Water and sewer  | \$ <b>57.00</b>  |
| c. Telephone  | \$               |
| d. Other Telephone/Cable/Internet   | \$102.00         |
| Garbage   | \$24.00          |
| 3. Home maintenance (repairs and upkeep)  | \$ 20.00         |
| 4. Food   | \$600.00         |
| 5. Clothing   | \$ <b>25.00</b>  |
| 6. Laundry and dry cleaning   | \$ <b>10.00</b>  |
| 7. Medical and dental expenses  | \$10.00          |
| 8. Transportation (not including car payments)  | \$200.00         |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$100.00         |
| 10. Charitable contributions  | \$               |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |                  |
| a. Homeowner's or renter's  | \$               |
| b. Life   | \$               |
| c. Health   | \$               |
| d. Auto   | \$169.00         |
| e. Other Whole Life Insurance   | \$12.00          |
|   | \$               |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   | ¢                |
| (Specify)   | — \$ ———         |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | — <i>p</i> ———   |
|   | \$ 222.00        |
| a. Auto<br>b. Other Significant Other Loan Payment  | \$ 222.00        |
| b. Other Significant Other Loan Payment   | \$400.00         |
| 14. Alimony, maintenance, and support paid to others  | — ¢              |
| 15. Payments for support of additional dependents not living at your home                                   | Φ                |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | Φ                |
| 17. Other See Schedule Attached   | \$ 370.00        |
| 17. Other des ochedule Attached   | \$               |
|   | — \$ ———         |
|   |                  |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if          |                  |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.                             | \$3,420.00       |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

#### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 2,525.63 |
|--|-------------|
| b. Average monthly expenses from Line 18 above       | \$3,420.00  |
| c. Monthly net income (a. minus b.)                  | \$ -894.37  |

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|------------------------|--------------|------------------|----------------|
| <b>O</b> 400. 10 00000 | Doodinont. 1 | 1 110d. 02/00/10 | 1 4go 22 01 00 |

IN RE Lehl, Jolynne Marie Case No. \_\_\_\_

Debtor(s)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

**Continuation Sheet - Page 1 of 1** 

Other Expenses (DEBTOR)Health & Beauty/Haircuts25.00Pet Care/Vet35.00Tobacco100.00Auto Maintenance60.00Misc. Expenses150.00

| B6 Declaration (Official Form 6-Declaration) (1207) Document: 1 Filed: 02 | 2/03/10 1 aye 23 | OI V |
|---|------------------|------|
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Debtor(s)

Case No.

(If known)

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: February 5, 2010 Signature: /s/ Jolynne Lehl Debtor Jolynne Lehl Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Signature:

#### United States Bankruptcy Court District of South Dakota

| IN RE:              | Case No   |
|---------------------|-----------|
| Lehl, Jolynne Marie | Chapter 7 |
| Debtor(s)           |           |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE 1,844.00 2010 income 21,544.00 2009 income 20,870.00 2008 income

#### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) 4. Suits and administrative proceedings, executions, garnishments and attachments a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION South Dakota Housing Circuit Court, Pennington Pending foreclosure Civil **Development Authority vs. Daryl** County, SD Moeller & Jolynne Lehl US Bank, fka First Bank of South Civil Circuit Court, Pennington **Judgment** Dakota vs. Jolynne Lehl County, SD SMC91000865 b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) 5. Repossessions, foreclosures and returns List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.

## 6. Assignments and receiverships

(Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

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#### 1719 W Main St Rapid City, SD 57702-2564

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

 $\checkmark$ 

List all property owned by another person that the debtor holds or controls.

## 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpaver identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None  $\checkmark$ 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: February 5, 2010 | Signature /s/ Jolynne Lehl    |              |
|------------------------|-------------------------------|--------------|
|                        | of Debtor                     | Jolynne Lehl |
| Date:                  | Signature                     |              |
|                        | of Joint Debtor               |              |
|                        | (if any)                      |              |
|                        | o continuation pages attached |              |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

| B22A (Official Form 22A) (Chapter 7) (12/08) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):     |
|--|--|
| In re: Lehl, Jolynne Marie  Debtor(s)        | <ul> <li>☐ The presumption arises</li> <li>☑ The presumption does not arise</li> <li>☐ The presumption is temporarily inapplicable.</li> </ul> |
| Case Number:                                 |  |
| (If known)                                   |  |

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|     | Part I. MILITARY AND NON-CONSUMER DEBTORS  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
| 1A  | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |  |  |  |
| 171 | □ <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |  |  |  |  |  |  |  |
| 1B  | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |  |  |  |
|     | ☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.  |  |  |  |  |  |  |  |
|     | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |  |  |  |  |  |  |  |
| 1C  | □ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  |  |  |  |  |  |  |  |
|     | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |  |  |  |  |  |  |  |
|     | OR   |  |  |  |  |  |  |  |
|     | b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on,  which is less than 540 days before this bankruptcy case was filed.  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |

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|   | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION  |   |   |                              |  |      |                          |                                |
|---|---|---|---|------------------------------|--|------|--------------------------|--------------------------------|
|   | Mar   | ital/filing status. Check the box tha   | t applies and co  | omplete the                  | balance of this part of this                     | stat | ement as dire            | ected.                         |
|   | a. 🗸  | Unmarried. Complete only Colun  |   |                              |  |      |                          |                                |
|   | b   | Married, not filing jointly, with deepenalty of perjury: "My spouse and are living apart other than for the part of the complete only Column A ("Debta")              | der applicable non-bankru<br>airements of § 707(b)(2)(A | uptcy law or my spouse and I |  |      |                          |                                |
| 2 | c   | Married, not filing jointly, without Column A ("Debtor's Income");  |   |                              |  |      | above. Con               | nplete both                    |
|   | d   | Married, filing jointly. <b>Complete l Lines 3-11.</b>  | ooth Column A   | A ("Debtor                   | 's Income") and Column                           | В (" | 'Spouse's In             | come") for                     |
|   | the s   | igures must reflect average monthly ix calendar months prior to filing the hefore the filing. If the amount of divide the six-month total by six, and                 | e bankruptcy ca<br>monthly incon                        | ase, ending<br>ne varied du  | on the last day of the aring the six months, you | ]    | Column A Debtor's Income | Column B<br>Spouse's<br>Income |
| 3 | Gros  | ss wages, salary, tips, bonuses, ove  | ertime, commis  | ssions.                      |  | \$   | 1,963.22                 | \$                             |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. |   |   |                              |  |      |                          |                                |
| 4 | a.  | Gross receipts  |   | \$                           |  |      |                          |                                |
|   | b.  | Ordinary and necessary business e   | xpenses   | \$                           |  |      |                          |                                |
|   | c.  | Business income   |   | Subtract I                   | ine b from Line a                                | \$   |                          | \$                             |
| _ | diffe   | t and other real property income. rence in the appropriate column(s) of nclude any part of the operating of V.  | of Line 5. Do no  | ot enter a m                 | ımber less than zero. <b>Do</b>                  |      |                          |                                |
| 5 | a.  | Gross receipts  |   | \$                           |  |      |                          |                                |
|   | b.  | Ordinary and necessary operating  | expenses  | \$                           |  |      |                          |                                |
|   | c.  | Rent and other real property incor  | ne  | Subtract I                   | ine b from Line a                                | \$   |                          | \$                             |
| 6 | Inte  | rest, dividends, and royalties.   |   |                              |  | \$   |                          | \$                             |
| 7 | Pens  | ion and retirement income.  |   |                              |  | \$   |                          | \$                             |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |   |   |                              |  |      | 1,253.32                 | \$                             |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |   |   |                              | d by you or your spouse                          |      |                          |                                |
|   | cla   | Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ Spouse \$ |   |                              |  |      |                          | <b>*</b>                       |

| DZZA ( | Official Form 22A) (Chapter 7) (12/08)  |                   |          |             |    |           |  |  |
|--------|---|-------------------|----------|-------------|----|-----------|--|--|
| 10     | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.       Security   Security |                   |          |             |    |           |  |  |
|        | Total and enter on Line 10  | \$                | \$       |             | \$ |           |  |  |
|        | Total and enter on Line 10  |                   | φ        |             | Ф  |           |  |  |
| 11     | <b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter t   |                   | \$       | 3,216.54    | \$ |           |  |  |
| 12     | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been con Line 11, Column A to Line 11, Column B, and enter the total. If Column B to completed, enter the amount from Line 11, Column A.   |                   | \$       |             |    | 3,216.54  |  |  |
|        | Part III. APPLICATION OF § 707(B)(7) E  | EXCLUSION         |          |             |    |           |  |  |
| 13     | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount 12 and enter the result.  | nt from Line 12 b | y the n  |             | \$ | 38,598.48 |  |  |
| 14     | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |                   |          |             |    |           |  |  |
|        | a. Enter debtor's state of residence: <b>South Dakota</b> b. Enter  | r debtor's househ | old size | e: <u>3</u> | \$ | 63,153.00 |  |  |
| 15     | Application of Section707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.  The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.  |                   |          |             |    |           |  |  |
|        | Complete Parts IV, V, VI, and VII of this statement onl   | ly if required.   | (See     | Line 15     | .) |           |  |  |
|        | Dow IV. CALCIII ATION OF CUDDENT MONTHLY I  | NCOME FOR         | \$ 707   | (h)(2)      |    |           |  |  |

| Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)  |  |  |              |    |  |  |
|---|--|--|--------------|----|--|--|
| 16  | Ente   | r the amount from Line 12.                                       |              | \$ |  |  |
| Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. |  |  |              |    |  |  |
|   | a.   |  | \$           |    |  |  |
|   | b.   |  | \$           |    |  |  |
|   | c.   |  | \$           |    |  |  |
|   | Tot  | al and enter on Line 17.   | _            | \$ |  |  |
| 18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.  |  |  |              |    |  |  |
|   |  | Part V. CALCULATION OF DEDUCTIONS FROM INC                       | COME         |    |  |  |
|   |  | Subpart A: Deductions under Standards of the Internal Revenue Se | ervice (IRS) |    |  |  |
| 19A   | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |  |              |    |  |  |

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| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members d5, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |                         |                    |                              |                                      |                |    |
|-----|---|-------------------------|--------------------|------------------------------|--------------------------------------|----------------|----|
|     | Household members under 65 years of ag  | je                      | Hous               | sehold memb                  | ers 65 years of                      | age or older   |    |
|     | a1. Allowance per member  |                         | a2.                | Allowance p                  | er member                            |                |    |
|     | b1. Number of members   |                         | b2.                | Number of r                  | nembers                              |                |    |
|     | c1. Subtotal  |                         | c2.                | Subtotal                     |                                      |                | \$ |
| 20A | Local Standards: housing and utilities; nor and Utilities Standards; non-mortgage expens information is available at <a href="www.usdoj.gov/us">www.usdoj.gov/us</a>  | es for the              | e appli            | cable county a               | and household si                     |                | \$ |
| 200 | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  |                         |                    |                              |                                      |                |    |
| 20B | a. IRS Housing and Utilities Standards; mortgage  |                         |                    | expense                      | \$                                   |                |    |
|     | b. Average Monthly Payment for any deb any, as stated in Line 42  | ts secure               | d by yo            | our home, if                 | \$                                   |                |    |
|     | c. Net mortgage/rental expense  |                         |                    |                              | Subtract Line 1                      | o from Line a  |    |
|     |   |                         |                    |                              |                                      |                | \$ |
| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |                         |                    |                              |                                      |                | ¢. |
|     |   |                         | / 111              |                              | • •                                  | .1.1 1 .       | \$ |
|     | Local Standards: transportation; vehicle of an expense allowance in this category regardle and regardless of whether you use public transportation.   | ess of wh               | ether :            |                              |                                      |                |    |
| 22A | Check the number of vehicles for which you pexpenses are included as a contribution to you  |                         |                    |                              |                                      | perating       |    |
| 221 | $\square$ 0 $\square$ 1 $\square$ 2 or more.<br>If you checked 0, enter on Line 22A the "Pub  | lic Trans               | nortati            | on" amount fr                | om IPS Local S                       | tandarde:      |    |
|     | Transportation. If you checked 1 or 2 or more   | e, enter of             | n Line             | 22A the "Ope                 | erating Costs" an                    | nount from IRS |    |
|     | Local Standards: Transportation for the application Statistical Area or Census Region. (These am  |                         |                    |                              |                                      |                |    |
|     | of the bankruptcy court.)   |                         |                    |                              | ,,,                                  |                | \$ |
| 22B | Local Standards: transportation; additional expenses for a vehicle and also use public transport additional deduction for your public transport Transportation" amount from IRS Local Standards   | nsportatio<br>ation exp | on, and<br>benses, | you contend<br>enter on Line | that you are enti<br>22B the "Public | tled to an     |    |
|     | www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  |                         |                    |                              |                                      |                |    |

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| DZZA ( | Official Form 22A) (Chapter 7) (12/08)   | 1  |  |  |  |  |
|--------|--|----|--|--|--|--|
|        | <b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1  2 or more.  |    |  |  |  |  |
| 23     | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>  |    |  |  |  |  |
|        | a. IRS Transportation Standards, Ownership Costs \$  |    |  |  |  |  |
|        | Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 42 \$   |    |  |  |  |  |
|        | c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a   | \$ |  |  |  |  |
| 24     | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. |    |  |  |  |  |
|        | a. IRS Transportation Standards, Ownership Costs, Second Car \$  |    |  |  |  |  |
|        | Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42 \$   |    |  |  |  |  |
|        | c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a   | \$ |  |  |  |  |
| 25     | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   |    |  |  |  |  |
| 26     | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  |    |  |  |  |  |
| 27     | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay   |    |  |  |  |  |
| 28     | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are  |    |  |  |  |  |
| 29     | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of  |    |  |  |  |  |
| 30     | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend   |    |  |  |  |  |
| 31     | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   |    |  |  |  |  |
| 32     | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone  |    |  |  |  |  |
| 33     | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  | \$ |  |  |  |  |
|        | -  |    |  |  |  |  |

B22A (Official Form 22A) (Chapter 7) (12/08)

|    |  |  | dditional Living Expense Deductions<br>ny expenses that you have listed in Lines 19-32   |    |
|----|--|--|--|----|
|    | expe   |  | Health Savings Account Expenses. List the monthly below that are reasonably necessary for yourself, your   |    |
| 34 | a.   | Health Insurance   | \$   |    |
|    | b.   | Disability Insurance   | \$   |    |
|    | c.   | Health Savings Account   | \$   |    |
|    | Total  | l and enter on Line 34   |  | \$ |
|    | the s  | ou do not actually expend this total amo<br>pace below:                            | ount, state your actual total average monthly expenditures in  |    |
| 35 | mont<br>elder  | thly expenses that you will continue to pay  | sehold or family members. Enter the total average actual y for the reasonable and necessary care and support of an your household or member of your immediate family who is  | \$ |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |  |  |    |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  |  |  |    |
| 38 | you a<br>secon<br>trust  | actually incur, not to exceed \$137.50 per ndary school by your dependent children | less than 18. Enter the total average monthly expenses that child, for attendance at a private or public elementary or less than 18 years of age. You must provide your case expenses, and you must explain why the amount claimed y accounted for in the IRS Standards. | \$ |
| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |  |  |    |
| 40 | 1  |  | he amount that you will continue to contribute in the form of ganization as defined in 26 U.S.C. § 170(c)(1)-(2).  | \$ |
| 41 | Tota   | l Additional Expense Deductions under  | r § 707(b). Enter the total of Lines 34 through 40   | \$ |

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|    |  | S  | ubpart C                 | : Deductions for De        | bt Payment                    |  |    |  |
|----|--|--|--------------------------|----------------------------|-------------------------------|--|----|--|
|    | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.   |  |                          |                            |                               |  |    |  |
| 42 |  | Name of Creditor   | Property                 | Securing the Debt          | Average<br>Monthly<br>Payment | Does payment include taxes or insurance? |    |  |
|    | a.   |  |                          |                            | \$                            | ☐ yes ☐ no                               |    |  |
|    | b.   |  |                          |                            | \$                            | yes no                                   |    |  |
|    | c.   |  |                          |                            | \$                            | yes no                                   |    |  |
|    |  |  |                          | Total: Ad                  | d lines a, b and c.           |  | \$ |  |
|    | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |                          |                            |                               |  |    |  |
| 43 |  | Name of Creditor   |                          | Property Securing the Debt |                               | 1/60th of the<br>Cure Amount             |    |  |
|    | a.   |  |                          |                            |                               | \$                                       |    |  |
|    | b.   |  |                          |                            |                               | \$                                       |    |  |
|    | c.   |  |                          |                            |                               | \$                                       |    |  |
|    |  |  |                          |                            | Total: Add                    | l lines a, b and c.                      | \$ |  |
| 44 | such   | nents on prepetition priority cl<br>as priority tax, child support and<br>ruptcy filing. Do not include cu   | alimony                  | claims, for which you      | were liable at the tir        | ne of your                               | \$ |  |
|    | follo  | pter 13 administrative expenses wing chart, multiply the amount inistrative expense.   |                          |                            |                               |  |    |  |
|    | a.   | Projected average monthly cha  | pter 13 pla              | an payment.                | \$                            |  |    |  |
| 45 | b.   | Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the court.) | ive Office<br>vailable a | e for United States<br>at  |                               |  |    |  |
|    | c.   | Average monthly administrativ case   | e expense                | of chapter 13              | Total: Multiply Line and b    | es a                                     | \$ |  |
| 46 | Tota   | l Deductions for Debt Payment  | Enter the                | e total of Lines 42 thr    | ough 45.                      |  | \$ |  |
|    |  | S  | ubpart D                 | Total Deductions f         | rom Income                    |  |    |  |

Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.

47

B22A (Official Form 22A) (Chapter 7) (12/08)

|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION   |                    |                 |  |  |  |  |  |
|----|---|--------------------|-----------------|--|--|--|--|--|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  |                    | \$              |  |  |  |  |  |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))   |                    |                 |  |  |  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the  | result.            | \$              |  |  |  |  |  |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the num enter the result.  | ber 60 and         | \$              |  |  |  |  |  |
|    | Initial presumption determination. Check the applicable box and proceed as directed.  |                    |                 |  |  |  |  |  |
|    | The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  |                    |                 |  |  |  |  |  |
| 52 | The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.   |                    |                 |  |  |  |  |  |
|    | The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the rethough 55).   | mainder of Par     | t VI (Lines 53  |  |  |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt  |                    | \$              |  |  |  |  |  |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  |                    |                 |  |  |  |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed as directed.  |                    |                 |  |  |  |  |  |
| 55 | The amount on Line 51 is less than the amount on Line 54. Check the box for "The pre the top of page 1 of this statement, and complete the verification in Part VIII.   | esumption does     | s not arise" at |  |  |  |  |  |
| 33 | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the arises" at the top of page 1 of this statement, and complete the verification in Part VIII. YOU.   |                    |                 |  |  |  |  |  |
|    | Part VII. ADDITIONAL EXPENSE CLAIMS   |                    |                 |  |  |  |  |  |
|    | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. | om your curren     | t monthly       |  |  |  |  |  |
|    | Expense Description   | Monthly A          | mount           |  |  |  |  |  |
| 56 | a.  | \$                 |                 |  |  |  |  |  |
|    | b.  | \$                 |                 |  |  |  |  |  |
|    | c.  | \$                 |                 |  |  |  |  |  |
|    | Total: Add Lines a, b and c   | \$                 |                 |  |  |  |  |  |
|    | Part VIII. VERIFICATION   |                    |                 |  |  |  |  |  |
|    | I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)  | orrect. (If this a | ı joint case,   |  |  |  |  |  |
| 57 | Date: February 5, 2010 Signature: /s/ Jolynne Lehl  |                    |                 |  |  |  |  |  |
|    | Date: Signature:  |                    |                 |  |  |  |  |  |

## United States Bankruptcy Court

|  | District of S            | outh Dakota   |  |
|--|--------------------------|---|--|
| IN RE:   |                          | Case No   |  |
| Lehl, Jolynne Marie  |                          | Chapter 7   |  |
| Debto  |                          |   | •  |
| CHAPTER 7 INDI   | VIDUAL DEBTO             | R'S STATEMENT OF  | INTENTION  |
| <b>PART A</b> – Debts secured by property of the esestate. Attach additional pages if necessary.)                                  | state. (Part A must be   | fully completed for <b>EACH</b>                           | I debt which is secured by property of the                           |
| Property No. 1   |                          |   |  |
| Creditor's Name:<br>First Interstate Bank  |                          | Describe Property Securing Debt:<br>2004 Pontiac Grand Am |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained  |                          |   |  |
| If retaining the property, I intend to (check at ☐ Redeem the property ☐ Reaffirm the debt ☑ Other. Explain Retain and pay pursual |                          | (for examp  | le, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is (check one):   |                          | (for examp  | ie, avoid hen using 11 0.5.C. § 522(1)).                             |
| Claimed as exempt Not claimed as   | exempt                   | <br>1   |  |
| Property No. 2 (if necessary)  |                          | D 11 D 4 G  | . 57   |
| Creditor's Name:<br>Home Federal Bank  |                          | Describe Property Securing Debt: Residence                |  |
| Property will be (check one):  ☐ Surrendered   |                          |   |  |
| If retaining the property, I intend to (check at ☐ Redeem the property ☐ Reaffirm the debt ☑ Other. Explain Retain and pay pursual |                          | (for examp  | le, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is (check one):  ✓ Claimed as exempt ☐ Not claimed as   | exempt                   |   |  |
| PART B – Personal property subject to unexpiradditional pages if necessary.)   | red leases. (All three c | olumns of Part B must be co                               | ompleted for each unexpired lease. Attach                            |
| Property No. 1   | 7                        |   |  |
| Lessor's Name:   | Describe Leased          | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |
| Property No. 2 (if necessary)  |                          |   |  |
| essor's Name: Describe Leased  |                          | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  Yes No     |
| continuation sheets attached (if any)  | •                        |   | ,  |
| I declare under penalty of perjury that the personal property subject to an unexpired le   |                          | intention as to any prope                                 | rty of my estate securing a debt and/or                              |

Date: February 5, 2010 /s/ Jolynne Lehl
Signature of Debtor

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Signature of Joint Debtor